



Private Bank

BUSINESS DEPOSIT ACCOUNT APPLICATION

BUSINESS INFORMATION			
Business Name Jay Construction Management, Inc.		For Bank Use Only: Account Number _____ Doing Business As/DBA (if applicable) _____	
Account Title Jay Construction Management, Inc.			
Business Entity Type (Select One) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership (General, limited or Law) <input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Entity <input type="checkbox"/> Business Trust <input type="checkbox"/> Other _____	
Tax Identification Number 90-0741190		Type of Tax ID (Select One) <input type="checkbox"/> Social Security Number <input checked="" type="checkbox"/> Employer ID Number	
Number of Locations 1		Annual Gross Revenue \$ 40,000,000	
Business Phone 305-579-9082		Annual Net Profit \$ 5,000,000	
Business Industry/Activity/Description Construction Supervision		Business Start Date 2010 ✓	
Is this entity effectively controlled or owned by another entity that issues bearer shares? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Employees/ Agents 5	
Primary Contact Name Ariel Quiros		Primary Contact Phone 305-579-9082	
Primary Contact Email a.quiros@att.net		Is Business Home Based? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PHYSICAL ADDRESS			
Street Number 111		Street Name NE 1 St.	
Suite/Mailstop/etc. (if applicable) 4		City Miami	
State FL		Zip 33132	
MAILING ADDRESS (if different than above)			
Street Number		Street Name	
Suite/Mailstop/etc. (if applicable)		City	
State		Zip	
DEPOSIT PRODUCT SELECTION (Complete all fields for each account requested. Add additional pages, if needed.)			
Check the State in which the account/s will be domiciled: <input type="checkbox"/> CA <input type="checkbox"/> CT <input type="checkbox"/> DC <input checked="" type="checkbox"/> FL <input type="checkbox"/> IL <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> TX			
<input type="checkbox"/> Check if the TIN/SSN is the TIN/SSN of the estate, trust or beneficiary of the trust named in "Title of Account" above, in which case the payee shall be said estate, trust or beneficiary.			
<input type="checkbox"/> Check if the TIN/SSN is the TIN/SSN of the party named in Title of Account above for whom the Applicant is acting as agent (appropriate power of attorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party's TIN/SSN, in which case the payee shall be the first named party).			
<input type="checkbox"/> Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): _____			
Account 1			
Purpose of Account (Select all that apply) <input type="checkbox"/> Operating <input type="checkbox"/> Savings <input type="checkbox"/> Payroll <input type="checkbox"/> Investment <input type="checkbox"/> Petty Cash <input type="checkbox"/> Other _____			
Product (Select One) <input type="checkbox"/> Checking Product Type 002, G/L Type 42 <input type="checkbox"/> Interest Checking Product Type 009, G/L Type 43 <input type="checkbox"/> Savings Product Type 801, G/L Type 52 <input type="checkbox"/> Money Market Product Type 011, G/L Type 44 <input type="checkbox"/> Certificate of Deposit (CD) See "For Bank Use Only"			
Intended Balance (Select One) <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> \$50,000-\$250,000		Source of Initial Deposit (Select all that apply) <input type="checkbox"/> \$250,000-\$500,000 <input type="checkbox"/> \$500,000-\$1 million <input type="checkbox"/> Greater than \$1 million <input type="checkbox"/> Check from Existing Bank <input type="checkbox"/> Citibank Account <input type="checkbox"/> Wire from Existing Bank <input type="checkbox"/> Other _____	

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Account 2

Purpose of Account (Select all that apply) ☐ Operating ☐ Savings ☐ Payroll ☐ Investment ☐ Petty Cash ☐ Other _____

Product (Select One) ☐ Checking Product Type 002, G/L Type 42 ☐ Interest Checking Product Type 009, G/L Type 43 ☐ Savings Product Type 801, G/L Type 52 ☐ Money Market Product Type 011, G/L Type 44 ☐ Certificate of Deposit (CD) See "For Bank Use Only"

Intended Balance (Select One) ☐ Under \$25,000 ☐ \$25,000-\$50,000 ☐ \$50,000-\$250,000 ☐ \$250,000-\$500,000 ☐ \$500,000-\$1 million ☐ Greater than \$1 million Source of Initial Deposit (Select all that apply) ☐ Check from Existing Bank ☐ Citibank Account ☐ Wire from Existing Bank ☐ Other _____

CITIBANK BANKING CARDS

Please be sure to read the instructions before completing, and speak with your Private Bank representative regarding the use of Citibank Banking Cards for business accounts (Citibank Banking Cards may not be issued for Trust or Estate Titles).

☐ I authorize Citibank to link the accounts opened pursuant to this Application (where permissible) to: _____

Please check one:

☐ I authorize Citibank to link the accounts opened pursuant to this Application (where permissible) to my existing Citibank Banking Card.

Name _____ Citibank Banking Card# _____

Name _____ Citibank Banking Card# _____

☐ I authorize Citibank to issue new Citibank Banking Cards for all Signers listed:

Name _____ Citibank Banking Card# _____

Title _____

Name _____ Citibank Banking Card# _____

Title _____

Statements Existing account holders: Link the statement(s) for the account(s) opened pursuant to this Application to my existing banking statement (where permissible).

☐ Yes, existing account number: _____

☐ No

ACCOUNT ACTIVITY-Select Yes or No for each question.

Will you provide check cashing services (i.e. offer cash back from checks you receive), money transmission services or sell financial instruments such as money orders or travelers checks? ☐ Yes ☒ No

Will you send or receive wires to/from countries outside of the United States? ☐ Yes ☒ No

Will you deposit or withdraw more than \$120,000 in cash, travelers' checks or money orders each month? ☐ Yes ☒ No

Will you hold or transact any funds in this account that belong to one or more of your customers and are not part of your business' operating funds? (e.g., Will any funds be held as an investment for a client, or used to settle funds similar to an investment service or trust arrangement?) ☐ Yes ☒ No



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BUSINESS DEPOSIT ACCOUNT APPLICATION**SIGNER INFORMATION—Complete for each signer. If more than 4 signers, then add Signer Personal Information form.**

Do any owners own 25% or more of the business but are not signers on the account?

☐ Yes ☒ No**SIGNER 1**

First Name Ariel	MI I	Last Name Quiros	Suffix	Date of Birth 5/12/1956
Business Title President	Email Address a.quiros@att.net	Telephone Number 305-579-9082	% Company Owned 100	
First School Attended Good Shepherd	Mother's Maiden Name Colon	Social Security Number/ITIN* 5445	Issue Card: <input type="checkbox"/> Debit <input type="checkbox"/> ATM <input checked="" type="checkbox"/> None	
Citizenship (Select One) <input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Non Resident Alien (NRA) <input type="checkbox"/> Resident Alien <input type="checkbox"/> Permanent Resident Alien (PRA)		If Resident Alien or NRA or PRA, then complete A and B below: A. Countries of Citizenship: B. Is Signer a Senior Public Figure (SPF) or related to an SPF? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Identification - Type Driver's License	State FL	Number Q620-009-56-172-0	Issue Date 04/30/2014	Expiration Date 05/12/2022

SIGNER 2

First Name Lucia Katia	MI	Last Name Perez	Suffix	Date of Birth
Business Title Admin	Email Address katiap0124@yahoo.com	Telephone Number 305-579-9082	% Company Owned 0	
First School Attended NA	Mother's Maiden Name NA	Social Security Number/ITIN* 3454	Issue Card: <input type="checkbox"/> Debit <input type="checkbox"/> ATM <input checked="" type="checkbox"/> None	
Citizenship (Select One) <input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Non Resident Alien (NRA) <input type="checkbox"/> Resident Alien <input type="checkbox"/> Permanent Resident Alien (PRA)		If Resident Alien or NRA or PRA, then complete A and B below: A. Countries of Citizenship: B. Is Signer a Senior Public Figure (SPF) or related to an SPF? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Identification - Type Driver's License	State FL	Number 524-0	Issue Date 10/09/2009	Expiration Date 01/24/2018

SIGNER 3

First Name	MI	Last Name	Suffix	Date of Birth
Business Title	Email Address	Telephone Number	% Company Owned	
First School Attended	Mother's Maiden Name	Social Security Number/ITIN*	Issue Card: <input type="checkbox"/> Debit <input type="checkbox"/> ATM <input type="checkbox"/> None	
Citizenship (Select One) <input type="checkbox"/> US Citizen <input type="checkbox"/> Non Resident Alien (NRA) <input type="checkbox"/> Resident Alien <input type="checkbox"/> Permanent Resident Alien (PRA)		If Resident Alien or NRA or PRA, then complete A and B below: A. Countries of Citizenship: B. Is Signer a Senior Public Figure (SPF) or related to an SPF? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identification - Type	State	Number	Issue Date	Expiration Date

SIGNER 4

First Name	MI	Last Name	Suffix	Date of Birth
Business Title	Email Address	Telephone Number	% Company Owned	
First School Attended	Mother's Maiden Name	Social Security Number/ITIN*	Issue Card: <input type="checkbox"/> Debit <input type="checkbox"/> ATM <input type="checkbox"/> None	
Citizenship (Select One) <input type="checkbox"/> US Citizen <input type="checkbox"/> Non Resident Alien (NRA) <input type="checkbox"/> Resident Alien <input type="checkbox"/> Permanent Resident Alien (PRA)		If Resident Alien or NRA or PRA, then complete A and B below: A. Countries of Citizenship: B. Is Signer a Senior Public Figure (SPF) or related to an SPF? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identification - Type	State	Number	Issue Date	Expiration Date

*Social Security Number or ITIN required for Sole Proprietorships, Single Stockholder Corporations, Single Member LLCs and any Signer requesting a Debit Card.

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ACCOUNT AGREEMENT AND AUTHORIZATION (TO BE COMPLETED BY CUSTOMER ONLY)

By signing below, I acknowledge and agree both individually, as applicable, and on behalf of the business identified in this application (the "Business"): (1) to be bound by any agreement governing any account and service for which I am applying for within including the terms and conditions of the CitiBusiness® Client Manual and Schedule of Fees and Charges; (2) Citibank may obtain credit reports and make other inquiries it deems appropriate about both the Business and me individually; (3) any signer identified within this application may open additional accounts and enter into contracts for banking services on behalf of the Business; (4) and if I am a plan sponsor and/or plan fiduciary and the plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), by opening an account covered in this application, I have reviewed the CitiBusiness ERISA Section 408(b)(2) Disclosure Document made available to me reasonably in advance of my decision to open the account and that after my review, I made an independent decision that the fees and other compensation are reasonable for the services being provided by Citibank. I further consent to Citibank updating or changing the Disclosure Document by posting updated documents and/or notices at <http://citi.com/investorinfo/advisoryprivacy/408b2disclosures.html> and that I am responsible for checking the website periodically for such updates.

TAX CERTIFICATION - ADDITIONAL DOCUMENTATION REQUIRED TO AVOID TAX WITHHOLDING

In accordance with requirements of the Internal Revenue Code, I understand that my business must supply Citibank with a properly-executed tax certification form to establish U.S. Person or non-U.S. Person status for U.S. tax information reporting purposes. To comply with such requirement, my business will provide an executed IRS Form W-9 or Form W-8, as appropriate. If a validly executed IRS Form W-9 or Form W-8 is not provided, I understand that Citibank will implement backup withholding on interest earned on my business account(s) immediately upon account opening. Such backup withholding will continue to apply until the appropriate validly-executed tax certification form is provided. If this occurs, I understand that Citibank may not be able to refund the withheld taxes.

Forms W-9 and W-8 and associated instructions can be obtained on the IRS Forms and Publications website, the link for which is:

<http://www.irs.gov/Forms-&-Pubs>

Ariel I. Quiros

Print First and Last Name

X

Authorized Signature

President

Business Title (Capacity Acting In)

Date

X

Print First and Last Name

Authorized Signature

Business Title (Capacity Acting In)

Date

BANK USE ONLY

Account Number

Effective Date

Branch No.

Statement Sort

Expense Code

Prepared By

Phone

Officer Code

Approvals

Authorized Signature

Date

For CDs: Effective Date

Rate

Term:

☐ 7 Day - Product Type 846, G/L 59

☐ 14 Day - Product Type 848, G/L 59

☐ 1 Month - Product Type 850, G/L 62

☐ 2 Month - Product Type 851, G/L 62

☐ 3 Month - Product Type 852, G/L 62

☐ 6 Month - Product Type 854, G/L 63

☐ 1 Year - Product Type 856, G/L 65

☐ 2 Year - Product Type 859, G/L 65

☐ 3 Year - Product Type 858, G/L 65

☐ Variable Term - Product Type 958, G/L 65

Monthly Interest:

☐ Retain in CD

☐ Issue Cashier's Check

☐ Credit Account

AR #

☐ New

Entitlement Group # Private Banker

Ext.

☐ Existing

Relationship Officer

Ext.

Mary Jane Dacek
Vice President
Associate Banker
201 S. Biscayne Blvd
Suite 3100
Miami, FL 33131
305.347.1227